

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL
OR TYPE OR PRINT

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

MAY 30 9 18 AM '97

1. NAME OF COMMITTEE (P.O. BOX)	The Freedom Project
ADDRESS (number and street)	<input type="checkbox"/> Check if different than previously reported
8862 Cincinnati-Dayton Road	
CITY, STATE and ZIP CODE	
West Chester, OH 45069	

2. FEDERAL IDENTIFICATION NUMBER

C00305805

3. This committee has qualified as a multicandidate committee. (See FEC FORM 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 December 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)

Monthly Report Due On:

- February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

Twentieth day report preceding

(Type of Election)
election no. In the State of

Thirtieth day report following the General Election on

Reconciliation Report
..... In the State of

(b) Is this Report an Amendment? YES NO

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period: 6-1-96 through 6-30-96		
6. (a) Cash on Hand January 1, 1996	\$ 56,828.04	
(b) Cash on Hand at Beginning of Reporting Period	\$ 87,444.79	
(c) Total Receipts (from Line 1a)	\$ 4,500.00	\$ 58,185.23
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 91,944.79	\$ 115,013.27
7. Total Disbursements (from Line 3b)	\$ 21,261.65	\$ 44,330.13
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 70,683.14	\$ 70,683.14
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3470

Type or Print Name of Testimony

Signature of Testimony

Date

5-21-97

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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